

REQUEST FOR JUDICIAL INTERVENTION

UCS-840 (7/2012)

Supreme COURT, COUNTY OF Bronx
 Index No: 25643/2015E Date Index Issued: 10/14/2015

CAPTION: Enter the complete case caption. Do not use et al or et ano. If more space is required, attach a caption rider sheet.

MARISOL JAVIER, as the Mother and Natural Guardian of ANGEL JAVIER, an infant under the age of fourteen (14) years and MARISOL JAVIER, Individually

Plaintiff(s)/Petitioner(s)

-against-

HYDE LEADERSHIP CHARTER SCHOOL, PETER ANDERSON, JANE DOE TEACHER AND NEW YORK DEPARTMENT OF EDUCATION

Defendant(s)/Respondent(s)

NATURE OF ACTION OR PROCEEDING: Check ONE box only and specify where indicated.

MATRIMONIAL

Contested
NOTE: For all Matrimonial actions where the parties have children under the age of 18, complete and attach the **MATRIMONIAL RJI Addendum**.
 For Uncontested Matrimonial actions, use RJI form UD-13.

TORTS

Asbestos
 Breast Implant
 Environmental: _____ (specify)
 Medical, Dental, or Podiatric Malpractice
 Motor Vehicle
 Products Liability: _____ (specify)
 Other Negligence: _____ (specify)
 Other Professional Malpractice: _____ (specify)
 Other Tort: Negligence _____ (specify)

OTHER MATTERS

Certificate of Incorporation/Dissolution [see **NOTE** under Commercial]
 Emergency Medical Treatment
 Habeas Corpus
 Local Court Appeal
 Mechanic's Lien
 Name Change
 Pistol Permit Revocation Hearing
 Sale or Finance of Religious/Not-for-Profit Property
 Other: _____ (specify)

COMMERCIAL

Business Entity (including corporations, partnerships, LLCs, etc.)
 Contract
 Insurance (where insurer is a party, except arbitration)
 UCC (including sales, negotiable instruments)
 Other Commercial: _____ (specify)

NOTE: For Commercial Division assignment requests [22 NYCRR § 202.70(d)], complete and attach the **COMMERCIAL DIV RJI Addendum**.

REAL PROPERTY: How many properties does the application include?

Condemnation
 Mortgage Foreclosure (specify): Residential Commercial
 Property Address: _____ Street Address _____ City _____ State _____ Zip _____

NOTE: For Mortgage Foreclosure actions involving a one- to four-family, owner-occupied, residential property, or an owner-occupied condominium, complete and attach the **FORECLOSURE RJI Addendum**.

Tax Certiorari - Section: _____ Block: _____ Lot: _____
 Tax Foreclosure
 Other Real Property: _____ (specify)

SPECIAL PROCEEDINGS

CPLR Article 75 (Arbitration) [see **NOTE** under Commercial]
 CPLR Article 78 (Body or Officer)
 Election Law
 MHL Article 9.60 (Kendra's Law)
 MHL Article 10 (Sex Offender Confinement-Initial)
 MHL Article 10 (Sex Offender Confinement-Review)
 MHL Article 81 (Guardianship)
 Other Mental Hygiene: _____ (specify)
 Other Special Proceeding: _____ (specify)

STATUS OF ACTION OR PROCEEDING: Answer YES or NO for EVERY question AND enter additional information where indicated.

YES NO

Has a summons and complaint or summons w/notice been filed? If yes, date filed: 10/14/2015
 Has a summons and complaint or summons w/notice been served? If yes, date served: 10/22/2015
 Is this action/proceeding being filed post-judgment? If yes, judgment date: _____

NATURE OF JUDICIAL INTERVENTION:

Check ONE box only AND enter additional information where indicated.

Infant's Compromise
 Note of Issue and/or Certificate of Readiness
 Notice of Medical, Dental, or Podiatric Malpractice Date Issue Joined: _____
 Notice of Motion Relief Sought: _____
 Notice of Petition Relief Sought: _____
 Order to Show Cause Relief Sought: _____
 Other Ex Parte Application Relief Sought: _____
 Poor Person Application
 Request for Preliminary Conference
 Residential Mortgage Foreclosure Settlement Conference
 Writ of Habeas Corpus
 Other (specify): _____

RELATED CASES: List any related actions. For Matrimonial actions, include any related criminal and/or Family Court cases.
If additional space is required, complete and attach the **RJI Addendum**. If none, leave blank.

Case Title	Index/Case No.	Court	Judge (if assigned)	Relationship to Instant Case

PARTIES: For parties without an attorney, check "Un-Rep" box AND enter party address, phone number and e-mail address in space provided.
If additional space is required, complete and attach the **RJI Addendum**.

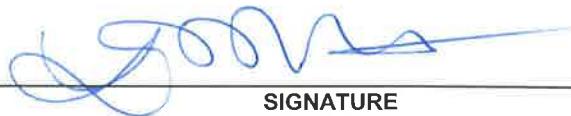
Un-Rep	Parties:		Attorneys and/or Unrepresented Litigants:					Issue Joined (Y/N):	Insurance Carrier(s):
	List parties in caption order and indicate party role(s) (e.g. defendant; 3rd-party plaintiff).		Provide attorney name, firm name, business address, phone number and e-mail address of all attorneys that have appeared in the case. For unrepresented litigants, provide address, phone number and e-mail address.						
<input type="checkbox"/>	Javier Last Name Plaintiff Secondary Role (if any):	Marisol First Name Primary Role: Plaintiff	Maria Joseph Maria, P.C. 301 Old Tarrytown Road Street Address +1 (914) 684-0333 Phone	Last Name Firm Name White Plains City +1 (914) 684-9772 Fax	Joseph First Name New York State 10603-2825 Zip jmariapc@optonline.net e-mail	<input checked="" type="radio"/> YES <input type="radio"/> NO			
<input type="checkbox"/>	Javier Last Name Plaintiff Secondary Role (if any):	Angel First Name Primary Role: Plaintiff	Maria Joseph Maria, P.C. 301 Old Tarrytown Road Street Address +1 (914) 684-0333 Phone	Last Name Firm Name White Plains City +1 (914) 684-9772 Fax	Joseph First Name New York State 10603-2825 Zip jmariapc@optonline.net e-mail	<input checked="" type="radio"/> YES <input type="radio"/> NO			
<input type="checkbox"/>	Hyde Leadership Charter School Last Name Defendant Secondary Role (if any):	Hyde Leadership Charter School First Name Primary Role: Defendant	Cornell Grace, P.C. 111 Broadway, Suite 810 Street Address +1 (212) 233-1121 Phone	Last Name Firm Name New York City +1 (212) 233-1110 Fax	Grace First Name New York State 10006-1963 Zip lmaletta@cornellgrace.com e-mail	<input checked="" type="radio"/> YES <input type="radio"/> NO			
<input type="checkbox"/>	Anderson Last Name Peter First Name Primary Role: Defendant Secondary Role (if any):	Anderson Peter Last Name Primary Role: Defendant	Cornell Grace, P.C. 111 Broadway, Suite 810 Street Address +1 (212) 233-1121 Phone	Last Name Firm Name New York City +1 (212) 233-1110 Fax	Anderson First Name New York State 10006-1963 Zip lmaletta@cornellgrace.com e-mail	<input checked="" type="radio"/> YES <input type="radio"/> NO			

I AFFIRM UNDER THE PENALTY OF PERJURY THAT, TO MY KNOWLEDGE, OTHER THAN AS NOTED ABOVE, THERE ARE AND HAVE BEEN NO RELATED ACTIONS OR PROCEEDINGS, NOR HAS A REQUEST FOR JUDICIAL INTERVENTION PREVIOUSLY BEEN FILED IN THIS ACTION OR PROCEEDING.

Dated: 01/11/2016

4990354

ATTORNEY REGISTRATION NUMBER



SIGNATURE

Laura Maletta

PRINT OR TYPE NAME

Print Form

Request for Judicial Intervention Addendum

Supreme COURT, COUNTY OF Bronx Index No: 25643/2015E

For use when additional space is needed to provide party or related case information.

PARTIES: For parties without an attorney, check "Un-Rep" box AND enter party address, phone number and e-mail address in "Attorneys" space.						
Parties:	Attorneys and/or Unrepresented Litigants:				Issue Joined (Y/N):	
Un-Rep	List parties in caption order and indicate party role(s) (e.g. defendant; 3rd-party plaintiff).	Provide attorney name, firm name, business address, phone number and e-mail address of all attorneys that have appeared in the case. For unrepresented litigants, provide address, phone number and e-mail address.				Insurance Carrier(s):
<input type="checkbox"/>	Jane Doe Teacher Last Name First Name Primary Role: Defendant Secondary Role (if any):	Maletta Last Name Cornell Grace, P.C. 111 Broadway, Suite 810 Street Address +1 (212) 233-1121 Phone	Laura First Name Firm Name New York City +1 (212) 233-1110 Fax	New York State 10006-1963 Zip lmaletta@cornellgrace.com e-mail	<input checked="" type="radio"/> YES <input type="radio"/> NO	
<input checked="" type="checkbox"/>	New York Department of Education Last Name First Name Primary Role: Defendant Secondary Role (if any):	65 Court Street Street Address Phone	Brooklyn City Fax	New York State 11201-4954 Zip e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	Last Name First Name Primary Role: Secondary Role (if any):	Last Name Firm Name Street Address Phone	City Fax	State Zip e-mail	<input type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/>	Last Name First Name Primary Role: Secondary Role (if any):	Last Name Firm Name Street Address Phone	City Fax	State Zip e-mail	<input type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/>	Last Name First Name Primary Role: Secondary Role (if any):	Last Name Firm Name Street Address Phone	City Fax	State Zip e-mail	<input type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/>	Last Name First Name Primary Role: Secondary Role (if any):	Last Name Firm Name Street Address Phone	City Fax	State Zip e-mail	<input type="radio"/> YES <input type="radio"/> NO	

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